

RATE ASSESSMENT TOOL

Cover Sheet

Purpose: The purpose of the rate assessment tool is to capture the current level of functioning of the consumer and his/her circumstances in order to determine the rate to be paid to the provider. We are trying to ensure that the consumer is able to attract qualified providers. The tool is not intended to assess the level of needs of the consumer for the purposes of determining type and amount of services; this task should be completed through the ISP process.

Target Audience: The consumer and his/her family or caregiver; applicable State personnel.

Tool Layout: The tool is divided in to the following six sections:

- Section 1: Consumer Information
- Section 2: Independent Provider
- Section 3: Consumer Assistance with Activities of Daily Living
- Section 4: Behavior Supports
- Section 5: Health Care
- Section 6: Family Supports

Tool Format: The assessment tool is divided into the following four columns:

- ☐ ID – sequentially numbers each question by section
- ☐ Question – the question and potential answers
- ☐ Response – where to indicate the answer to the question
- ☐ Explanation/comments – clarification and examples of specific characteristics exhibited by the consumer if that response is chosen. This section should not be read to the consumer and/or family member but should be used to provide further detail if it is needed.

Instructions: Each consumer will be assessed at the service level and will be administered to all consumers receiving services in the following two settings:

- ☐ Consumers with at least one independent provider
- ☐ Consumers in non-agency based developmental homes

Sections 1 and 2 should be completed by the rate assessment staff or the support coordinator with other applicable State personnel who have direct knowledge of the consumer and his/her home environment. The questions should be answered based on professional judgment, observation, and other applicable information available in the State (e.g. case file, ASSISTS).

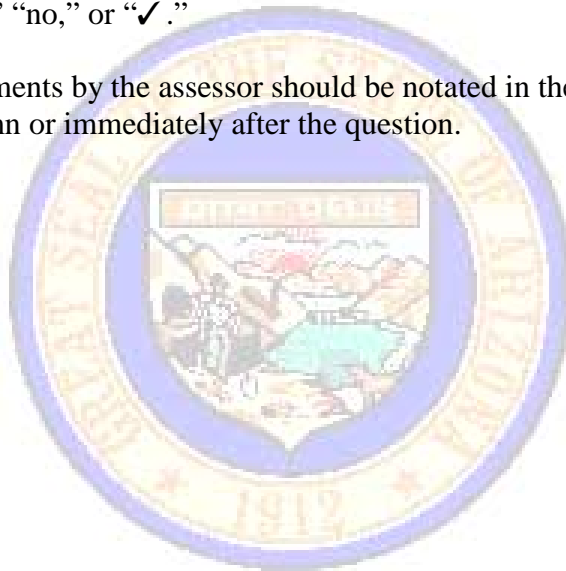
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Sections 3 through 6 should be completed by the assessor with input from the consumer, family member or primary caregiver who has direct knowledge of the consumer and his/her home environment. The questions should be answered based on professional judgment, observation, and input from the consumer and his/her family or caregiver.

Sections 2 and 6 should only be completed for Independent providers and consumers residing in Developmental Homes who receive respite. The remaining sections, 1 and 3 through 5 should be completed for both Developmental Home and Independent providers.

All applicable questions should be filled out for each consumer. When the tool is scored, it will take into account age appropriate behaviors. Each question has a choice of responses, the assessor should select one response per question unless indicated otherwise. Appropriate responses include “yes,” “no,” or “✓.”

Comments by the assessor should be notated in the explanation/comments column or immediately after the question.



RATE ASSESSMENT TOOL

Section 1: Consumer Information

The following questions gather basic demographic information pertaining to the consumer. This section should be completed by the rate assessment staff or the support coordinator with other applicable State personnel who have direct knowledge of the consumer and his/her home environment. The questions should be answered based on professional judgment, observation, and other applicable information available in the State (e.g. case file, ASSISTS).

Date of Assessment (MM/DD/YY): _____

Consumer Information

1. Client Name: _____

2. Family Name: _____

3. Birth Date (MM/DD/YY): _____

4. Primary Language: _____

5. Telephone Number: () - _____

6. Home Address: _____

Street Address 1

Street Address 2

City, State Zip Code

7. Support Coordinator: _____

8. Telephone Number: () - _____

9. Primary Diagnosis: _____

10. Secondary Diagnosis: _____

11. Mental Health Status: _____

Assessor Information

12. Assessment Done By: _____

14. Assessor ID: _____

(Optional)

15. Assessment Reviewed By: _____

Client IDs

DES/DDD Client ID: _____

AHCCCS Client ID: _____

13. Telephone Number: () - _____

(Optional)

16. Telephone Number: () - _____

RATE ASSESSMENT TOOL
Section 1: Consumer Information

Consumer Service Information

17. Is the consumer a court adjudicated foster care child? Yes or No

18. The tool is being completed for the following services (✓ all that apply):

Service	✓ Here
Attendant Care (ANC)	
Family Attendant Care (AFC)	
Habilitation (HAI)	
Habilitation Hourly (HAH)	
Housekeeping (HSK)	
Respite (RSP)	
Respite Daily (RSD)	
Adult Dev. Home (HAA)	
Child Dev. Home (HAC)	

RATE ASSESSMENT TOOL

Section 2: Independent Provider

The following questions address the location of the consumer's home and home environment. This section should be completed by the rate assessment staff or the support coordinator with other applicable State personnel who have direct knowledge of the consumer's and his/her home environment. The questions should be answered based on professional judgment, observation, and other applicable information available in the State (e.g. case file, ASSISTS). Comments by the assessor should be notated in the explanation/comments column or immediately after the question.

Complete this section for Independent providers only; if the provider is a Developmental Home provider not providing RSP, check the box below and move on to the next section.

☐ Developmental Home provider (excluding respite)

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
1.	Based on the support coordinators last visit, the home environment is clean and sanitary? (Check only one)		
	Yes, clean and sanitary		
	Somewhat		
	No, the home environment did not meet acceptable standards		
2.	Indicate the block(s) of time when the provider will be in the home. (Answer "Yes" or "No")		
	Weekday - morning		
	Weekday - afternoon		
	Weekday - evening		
	Weekday - night time		
	Weekday - 24-hours		
	Weekend - morning		
	Weekend - afternoon		
	Weekend - evening		
	Weekend - night time		
	Weekend - 24-hours		

RATE ASSESSMENT TOOL
Section 2: Independent Provider

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
3.	Is the provider required to be awake at all times when providing services from 11:00 PM to 7:00 AM in the home? (Check only one)		
	N/A		This question is not applicable
	Asleep		The consumer is self-sufficient, needs typical age appropriate supervision.
	Awake some of the time but not all		The consumer needs some supervision by staff to prevent potentially harmful situations.
	Awake at all times		The consumer requires constant supervision by awake staff to prevent life threatening or harmful situations.
	Comments		
4.	Indicate which statements describe the location of the consumer's home or the consumer's home environment. (Answer "Yes" or "No")		
	The home is best accessed by a vehicle with four-wheel drive		The consumer resides in an area that often has inclement weather, unpaved roads, rocky terrain, and/or is unreachable by roadway.
	The consumer's home is located in a dangerous or unsafe neighborhood		The consumer resides in a neighborhood where the safety of the provider is threatened or a neighborhood where hostility is expressed towards provider.
	The consumer's home environment is threatening or unsafe (e.g. domestic violence)		The consumer resides in a home environment in which there is threat of physical violence, domestic violence, sexual assault, harassment, and verbal abuse by consumer and/or family/unpaid support.
	Comments		
5.	In the past year, how many days was the consumer authorized and looking to receive services but was unable to find and retain a caregiver/provider? (Check only one)		Hopefully this question will be populated electronically.
	0 days		
	1 to 30 days		
	31 to 90 days		
	More than 91 days		

RATE ASSESSMENT TOOL
Section 2: Independent Provider

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
6.	For consumer's who have not been able to find and retain a caregiver/provider for more than 90 days, why has the consumer had difficulty? (Answer "Yes" or "No")		This question should only be answered if "more than 91 days" is checked in number 5 above.
	N/A		This question is not applicable because the assessor did not indicate "more than 91 days" in question 5 above.
	The consumer and/or family member decided against a willing provider		
	The consumer and/or family member voluntarily opted not to receive services		
	The provider opted not to provide services due to the home environment		
7.	If a consumer was receiving services from providers at least six months ago and continues to be authorized to receive services, how many providers have not submitted claims within the last four months for services that continue to be authorized?		Eventually, this question will be populated electronically and will include the list of providers (both agency and independent).
	N/A		This question is not applicable because the consumer is not currently receiving services.
	0 providers		
	1 to 3 providers		
	4 to 6 providers		
	More than 7 providers		
8.	For what reason(s) has the provider stopped providing services to the consumer? (Answer "Yes" or "No")		
	N/A		This question is not applicable because the assessor answered question 7 above as "N/A"
	The provider chose to discontinue providing services		
	The consumer or family member asked the provider to leave		
	The home environment made it too difficult to provide services		

RATE ASSESSMENT TOOL

Section 3: Consumer Assistance with Activities of Daily Living

The following questions address the consumer's level of independence with activities of daily living. This section should be completed by the assessor with input from the consumer, family member, or primary caregiver who has direct knowledge of the consumer and his/her home environment. The questions should be answered based on professional judgment, observation, and input from the consumer and his/her family or caregiver. Comments by the assessor should be notated in the explanation/comments column or immediately after the question.

Complete this section for both Developmental Home and Independent providers.

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
1.	How much assistance does the consumer need during eating and drinking activities? (Check only one)		
	N/A		This question is not applicable because the consumer is tube fed.
	Independent		The consumer can eat and drink and is not at risk for choking.
	Some cueing or supervision		The consumer is able to eat and drink but may need some cueing or supervision due to physical limitations, behavioral issues, and/or risk of choking.
	Some physical assistance		The consumer has difficulty eating and drinking and needs some physical assistance.
	Full physical assistance		The consumer must be hand fed.
	Comments		
2.	Is the consumer tube fed? (Check only one)		
	Yes		
	No		

RATE ASSESSMENT TOOL
Section 3: Consumer Assistance with Activities of Daily Living

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
3.	How much assistance does the consumer need with bathing activities? (Check only one)		Bathing activities include starting the shower/bath, washing hair and body, and drying off.
	Independent		The consumer does not need assistance with bathing activities.
	Some cueing or supervision		The consumer is able to complete bathing activities but may need some cueing or supervision due to physical limitations and/or behavioral issues.
	Some physical assistance		The consumer is able to complete some bathing activities.
	Full physical assistance		The consumer does not complete bathing activities.
	Comments		
4.	How much assistance does the consumer need with dressing activities? (Check only one)		Dressing activities include laying out clothes, putting clothes on, and taking clothes off.
	Independent		The consumer does not need any assistance with dressing activities.
	Some cueing or supervision		The consumer is able to complete dressing activities but may need some cueing or supervision due to physical limitations and/or behavioral issues.
	Some physical assistance		The consumer is able to complete some dressing activities.
	Full physical assistance		The consumer does not complete dressing activities.
	Comments		
5.	Within what range does the consumer's weight fall? (Check only one)		
	Less than 100 pounds		
	101 to 150 pounds		
	151 to 200 pounds		
	Over 201 pounds		

RATE ASSESSMENT TOOL
Section 3: Consumer Assistance with Activities of Daily Living

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
6.	How much assistance does the consumer need with transferring activities? (Check only one)		Transferring activities include getting in/out of wheelchair, getting on/off toilet, or in/out of bed.
	Independent		The consumer does not need assistance with transferring.
	Some cueing or supervision		The consumer is able to transfer independently but may need some cueing or supervision due to physical limitations and/or behavioral issues.
	Some physical assistance		The consumer needs some physical assistance when transferring but is still able to help.
	Full physical assistance		The consumer needs full physical assistance with transferring and is unable to assist in any way.
	Comments		
7.	How much assistance does consumer need with bladder, bowel and/or menstruation activities? (Check only one)		
	Independent		The consumer is able to tend to bladder, bowel, and menstruation needs without assistance.
	Some cueing or supervision		The consumer needs reminders of when to tend to bladder, bowel, and/or menstruation and may need cueing and/or supervision with hygiene care.
	Some physical assistance		The consumer has some control over bladder, bowel, and/or menstruation and may need assistance changing diapers/pull ups.
	Full physical assistance		The consumer does not have control over bladder, bowel, and/or menstruation and needs assistance changing diapers/pull ups.
	Comments		

RATE ASSESSMENT TOOL
Section 3: Consumer Assistance with Activities of Daily Living

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
8.	What is the consumer's ability to understand what is communicated to him/her verbally or non-verbally through gestures, written language, pictures, sounds, or symbols? (Check only one)		
	Full understanding		The consumer responds to his/her name, stops an activity when requested and appropriately follows directions.
	Some understanding		The consumer sometimes responds to his/her name, sometimes stops an activity when requested and sometimes follows directions.
	Partial understanding		The consumer has a limited ability to respond to his/her name, stop an activity when requested, and follow directions.
	No understanding		The consumer does not respond to his/her name, does not stop an activity when requested, and does not follow directions.
	Comments		
9.	What is the consumer's ability to effectively communicate wants and needs verbally, non-verbally through gestures, written language, pictures, sounds or symbols, or through an augmentative comm. device? (Check only one)		
	Full ability to communicate		The consumer has the ability to express him/herself clearly, ask simple questions or name familiar objects, people, actions, and feelings.
	Some ability to communicate		The consumer has some ability to express him/herself clearly, ask simple questions or name familiar objects, people, actions, and feelings.
	Partial ability to communicate		The consumer has limited ability to express him/herself clearly, ask simple questions or name familiar objects, people, actions, and feelings.
	No ability to communicate		The consumer does not express him/herself clearly, ask simple questions or name familiar objects, people, actions, and feelings.
	Comments		

RATE ASSESSMENT TOOL

Section 4: Behavior Supports

The following questions address the potential behavior support issues experienced by the consumer. The section should be completed by the assessor with input from the consumer, family member, or primary caregiver who has direct knowledge of the consumer and his/her home environment. The questions should be answered based on professional judgment, observation, and input from the consumer and his/her family or caregiver. Comments by the assessor should be notated in the explanation/comments column or immediately after the question.

Complete this section for both Developmental Home and Independent providers.

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
1.	Aggressive Behavior - The consumer causes injury to other consumers or animals, requiring the provider to use intervention*. (Check only one)		Aggressive behavior include hitting, cutting, biting, kicking, throwing, or striking with an object. * Intervention includes graduated guidance techniques from the least restrictive (verbal cues) to the most restrictive (physical intervention).
	Not a problem		The consumer does not exhibit aggressive behavior, no monitoring or intervention is required.
	A problem, but not serious		The consumer causes minor abrasions to other consumers or animals, minimal monitoring or intervention is required.
	A serious problem		The consumer causes bruising to other consumers or animals, frequent monitoring or intervention is required.
	An intense, critical problem		The consumer causes tissue damage or bone fractures to other consumers or animals, constant monitoring or intervention is required.
	Comments		
2.	On average, how often does the consumer engage in aggressive behavior? (Check only one)		
	Never		
	1 to 2 times per month		
	1 to 3 times per week		
	4 to 6 times per week		
	Daily		

RATE ASSESSMENT TOOL
Section 4: Behavior Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
3.	Self-Injurious Behavior - The consumer causes pain or injury to his/her own body, requiring the provider to use intervention*. (Check only one)		Self-injurious behavior includes banging head, hitting, cutting or biting self, or pulling out hair. * Intervention includes graduated guidance techniques from the least restrictive (verbal cues) to the most restrictive (physical intervention).
	Not a problem		The consumer does not exhibit self-injurious behaviors, no monitoring or intervention is required.
	A problem, but not serious		The consumer causes minor abrasions to him/herself, minimal monitoring or intervention is required.
	A serious problem		The consumer causes bruising to him/herself, frequent monitoring or intervention is required.
	An intense, critical problem		The consumer causes tissue damage or bone fractures to him/herself, constant monitoring or intervention is required.
	Comments		
4.	On average, how often does the consumer engage in self-injurious behavior? (Check only one)		
	Never		
	1 to 2 times per month		
	1 to 3 times per week		
	4 to 6 times per week		
	Daily		

RATE ASSESSMENT TOOL
Section 4: Behavior Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
5.	Does the consumer engage in destructive behavior to property, requiring the provider to use intervention*? (Check only one)		Includes behaviors such as deliberately breaking, defacing, or destroying property. * Intervention includes graduated guidance techniques from the least restrictive (verbal cues) to the most restrictive (physical intervention).
	Not a problem		The consumer does not engage in destructive behavior, no monitoring or intervention is required.
	A problem, but not serious		The consumer engages in destructive behavior, causing minor damage to property, minimal monitoring or intervention is required.
	A serious problem		The consumer engages in destructive behavior, causing significant damage to property, frequent monitoring or intervention is required.
	An intense, critical problem		The consumer engages in destructive behavior, causing severe damage that can not be repaired, constant monitoring or intervention is required.
	Comments		
6.	On average, how often does the consumer engage in destructive behavior to property? (Check only one)		
	Never		
	1 to 2 times per month		
	1 to 3 times per week		
	4 to 6 times per week		
	Daily		

RATE ASSESSMENT TOOL
Section 4: Behavior Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
7.	Does the consumer exhibit disruptive, socially offensive, or sexually inappropriate behaviors when in his/her own home, requiring the provider to use intervention*? (Check only one)		<p>Includes behavior such as pestering, arguing, complaining, picking fights, laughing or crying without reason, interrupting, screaming, swearing or using vulgar language, lying, standing too close, threatening, spitting at others, picking nose, belching, expelling gas, touching genitals, urinating in inappropriate places, smearing feces, or inappropriate touching of other people .</p> <p>* Intervention includes graduated guidance techniques from the least restrictive (verbal cues) to the most restrictive (physical intervention).</p>
	Not a problem		The consumer does not exhibit disruptive or socially offensive behavior, no monitoring or intervention is required.
	A problem, but not serious		The consumer exhibits mildly disruptive or socially offensive behaviors, minimal monitoring or intervention is required.
	A serious problem		The consumer exhibits numerous disruptive or socially offensive behaviors, frequent monitoring or intervention is required.
	An intense, critical problem		The consumer is disruptive or socially offensive when in his/her own home, constant monitoring and intervention is required.
	Comments		
8.	On average, how often does the consumer exhibit disruptive, socially offensive, or sexually inappropriate behaviors when in his/her own home? (Check only one)		
	Never		
	1 to 2 times per month		
	1 to 3 times per week		
	4 to 6 times per week		
	Daily		

RATE ASSESSMENT TOOL
Section 4: Behavior Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
9.	Does the consumer exhibit disruptive or socially offensive behavior when in a community setting, requiring the provider to use intervention*? (Check only one)		Disruptive or socially offensive behavior includes behavior that interferes with the activities of other or behavior that is offensive to others. * Intervention includes graduated guidance techniques from the least restrictive (verbal cues) to the most restrictive (physical intervention).
	Not a problem		The consumer does not exhibit disruptive or socially offensive behavior, no monitoring or intervention is required.
	A problem, but not serious		The consumer exhibits mildly disruptive or socially offensive behaviors, minimal monitoring and intervention is required.
	A serious problem		The consumer exhibits numerous disruptive or socially offensive behaviors, frequent monitoring and intervention is required.
	An intense, critical problem		The consumer is disruptive or socially offensive when in a community setting, constant monitoring and intervention is required.
	Comments		
10.	On average, how often does the consumer exhibit disruptive or socially offensive behaviors when in a community setting? (Check only one)		
	Never		
	1 to 2 times per month		
	1 to 3 times per week		
	4 to 6 times per week		
	Daily		

RATE ASSESSMENT TOOL
Section 4: Behavior Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
11.	Does the consumer understand issues concerning safety in the home? (Check only one)		Issues concerning safety include electricity, fire, water, or appliances/tools.
	Not a problem		The consumer understands safety issues.
	A problem, but not serious		The consumer understands most safety issues and there is no immediate threat to his/her well being or the well being of those around him/her.
	A serious problem		The consumer understands some but not all safety issues and poses a threat to his/her well being or the well being of those around him/her.
	An intense, critical problem		The consumer does not understand safety issues and poses a serious threat to his/her well being or the well being of those around him/her.
	Comments		
12.	Does the consumer understand issues concerning safety when out of the home? (Check only one)		Issues concerning safety include traffic, interacting with strangers, or hazardous physical situations.
	Not a problem or do not know		The consumer understands safety issues.
	A problem, but not serious		The consumer understands most safety issues and there is no immediate threat to his/her well being or the well being of those around him/her.
	A serious problem		The consumer understands some but not all safety issues and poses a threat to his/her well being or the well being of those around him/her.
	An intense, critical problem		The consumer does not understand safety issues and poses a serious threat to his/her well being or the well being of those around him/her.
	Comments		

RATE ASSESSMENT TOOL
Section 4: Behavior Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
13.	When at home, what is the consumer's risk of wandering or running away? (Check only one)		
	Not a problem or do not know		The consumer does not wander or run away or the consumer has never been given the opportunity to wander or leave, no monitoring and intervention is required.
	A problem, but not serious		The consumer will wander or run away if the doors and windows are not kept shut, minimal monitoring and intervention is required.
	A serious problem		The consumer will wander or run away if the doors and windows are not kept shut and locked at all times, frequent monitoring and intervention is required.
	An intense, critical problem		The consumer will wander or run away and is able to unlock the doors and windows, constant monitoring and intervention is required.
	Comments		
14.	When in the community, what is the consumer's risk of wandering or running away? (Check only one)		
	Not a problem or do not know		The consumer does not wander or run away or the consumer has never been given the opportunity to wander or leave, no monitoring and intervention is required.
	A problem, but not serious		The consumer will wander or run away if a responsible adult is not present, minimal monitoring and intervention is required.
	A serious problem		The consumer will wander or run away if a responsible adult is not present and maintaining contact, frequent monitoring and intervention is required.
	An intense, critical problem		The consumer will wander or run away breaking contact with the responsible adult, constant monitoring and intervention is required.
	Comments		

RATE ASSESSMENT TOOL
Section 4: Behavior Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
15.	Does the consumer, either child or adult, have issues with substance abuse that affects his/her behavior and/or cooperativeness with the provider? (Check only one)		Substance abuse includes the use of both alcohol and/or drugs (both legal and illegal).
	Not a problem or do not know		The consumer's use of alcohol or drugs does not affect his/her behavior and/or cooperativeness with the provider.
	A problem, but not serious		The consumer's use of alcohol or drugs affects his/her behavior and/or cooperativeness with the provider, minimal monitoring and intervention is required.
	A serious problem		The consumer's use of alcohol or drugs affects his/her behavior and/or cooperativeness with the provider, frequent monitoring and intervention is required.
	An intense, critical problem		The consumer's use of alcohol or drugs affects his/her behavior and/or cooperativeness with the provider, constant monitoring and intervention is required.
	Comments		
16.	Is the consumer cooperative with activities of daily living such as dressing, bathing, toileting, and feeding? (Check only one)		
	N/A		This question is not applicable due to physical limitations.
	Always cooperative and will assist in most physical aspects of self care		The consumer does not resist care, bite, kick, or show non-compliance during tasks.
	Mostly cooperative		On occasion the consumer struggles with the provider by kicking, biting, refusing help, not following directions, and shows non-compliance.
	Not cooperative, intense challenge most of the time		The consumer makes it extremely difficult for the provider to complete tasks; the consumer kicks, bites, refuses help, does not follow directions, and is non-compliant.
	Comments		

RATE ASSESSMENT TOOL

Section 5: Health Care

The following questions address health care issues experienced by the consumer. This section should be completed by the assessor with input from the consumer, family member, or primary caregiver who has direct knowledge of the consumer and his/her home environment. The questions should be answered based on professional judgment, observation, and input from the consumer and his/her family or caregiver. Comments by the assessor should be

Complete this section for both Developmental Home and Independent providers.

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
1.	Are services provided in an environment where health care supports are present? (Check only one)		
	No health care supports		The consumer does not have health care support needs.
	Low health care supports		The consumer needs minimal monitoring and assistance with health care supports such as G-tube, oxygen, colostomy/catheter, or other adaptive equip.
	Moderate health care supports		The consumer needs moderate monitoring and assistance with G-tube, oxygen, colostomy/catheter, or other adaptive equip.
	Intense health care supports		The consumer needs intensive monitoring and assistance with G-tube, oxygen, colostomy/catheter, or other adaptive equip.
	Comments		
2.	What is the provider's expected level of involvement in assisting the consumer with his/her adaptive equipment? (Check only one)		Adaptive equipment includes wheelchairs, electric wheelchairs, crutches, walkers, lifts, braces/AFOs, augmentative comm. devices, hearing aides, wedges, bolsters, meal time apparatus, standing boxes, shower chairs etc.
	N/A		This question is not applicable because the consumer does not use adaptive equipment.
	No assistance		The consumer does not require assistance.
	Some assistance		The consumer uses adaptive equipment, requires some assistance with maintenance.
	Partial assistance		The consumer uses adaptive equipment, requires partial assistance with maintenance.
	Full assistance		The consumer uses adaptive equipment, requires full assistance with maintenance.
	Comments		

RATE ASSESSMENT TOOL
Section 5: Health Care

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
3.	Is the consumer able to self-administer medication independently? (Check only one)		
	N/A		This question is not applicable because the consumer does not take medication.
	Independent		The consumer is able to recognize medication and determine which medication and dosage is taken at what time.
	Some cueing or supervision		When prompted, the consumer is able to determine which medication and dosage is taken at what time.
	Some assistance		The consumer needs some assistance determining which medication and dosage is taken at what time.
	Full assistance		The consumer does not remember to take medication at correct times or at all or may confuse prescriptions.
	Comments		
4.	Does the consumer need a specialized in-home therapy plan carried out by the consumer provider? (Check only one)		A specialized therapy plan written and supervised by a licensed professional must be in place detailing the role of the independent provider. Therapy includes ABA, sensory integration, PT, OT, and ST.
	Yes		Describe the type of therapy in comments section and indicate the service provided by the independent provider carrying out the plan.
	No		
	Comments		

RATE ASSESSMENT TOOL
Section 5: Health Care

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
5.	Does the consumer experience seizures that present a serious safety risk? (Check only one)		
	Not a problem		The consumer does not experience seizures.
	A problem, but not serious		The consumer experiences seizures but they are regulated by medication and are not life threatening.
	A serious problem		The consumer experiences seizures and takes medication to control them but he/she still has episodes.
	An intense, critical problem		The consumer experiences seizures that are not regulated by medication and can be life threatening.
	Comments		
6.	On average, how often does the consumer experience seizures that present a serious safety risk? (Check only one)		
	None or controlled		
	Less than monthly		
	Monthly		
	Weekly or more		

RATE ASSESSMENT TOOL

Section 6: Family Supports

The following questions address the level of involvement by the non-paid family member or caregiver when the provider is in the home. Questions 1 and 2 of this section should be completed by the rate assessment staff or the support coordinator with other applicable State personnel or providers who have direct knowledge of the consumer and his/her home environment. Questions 3 and 4 should be completed by the assessor with input from the consumer, family member, or primary caregiver who has direct knowledge of the consumer and his/her home environment. The questions should be answered based on professional judgment and observation. Questions in this section should not be answered for a family member or caregiver who is a paid provider. Comments by the assessor should be notated in the

Complete this section for Independent providers only; if the provider is a Developmental Home provider not providing RSP or family member/caregiver who is paid, check the boxes below and move on to the next section.

☐ Developmental Home provider (excluding respite)

☐ Family member or caregiver who is a paid provider

NOTE: The italicized questions indicate those to be completed by the support coordinator, other State personnel, or providers.

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
1.	<i>When an independent provider is in the home providing services during the day (6:00 AM to 6:00 PM), how many days in the week is a non-paid family member or caregiver present much of the time in the home, is cooperative, and is available to assist the provider? (Check only one)</i>		The non-paid family member or caregiver may perform same duties as the paid caretaker such as health supports, daily self care, ABA therapy, communication, medication, behavior support, night watch, transferring, and lifting.
	N/A - services are not provided during the day		This question is not intended to capture information on family members who are paid caregivers.
	0 days		
	1 to 3 days		
	4 to 6 days		
	7 days		
	Comments		

RATE ASSESSMENT TOOL
Section 6: Family Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS	
2.	<i>When an independent provider is in the home providing services at night (6:00 PM to 6:00 AM), how many days in the week is a non-paid family member or caregiver present much of the time in the home, is cooperative, and is available to assist the provider? (Check only one)</i>		The non-paid family member or caregiver may perform the same duties as the paid caretaker such as health supports, daily self care, ABA therapy, communication, medication, behavior support, night watch, transferring, and lifting.	
	N/A - services are not provided at night		This question is not intended to capture information on family members who are paid caregivers.	
	0 days			
	1 to 3 days			
	4 to 6 days			
	7 days			
	Comments			
3.	Does the non-paid family member or caregiver have any restrictions that would prevent him/her from assisting the provider with service delivery? (Answer "Yes" or "No")			
	Age concerns		The consumer is either too young or too old to provide assistance to the provider.	
	Health concerns		The consumer has a health issue that prevents him/her from providing assistance to the provider.	
	Physical restrictions		The consumer has a physical condition such as bad back that prevents him/her from providing assistance to the provider.	
	Time constraints		The consumer has time constraints such as other children in the home that prevents him/her from providing assistance to the provider.	
	Comments			

RATE ASSESSMENT TOOL
Section 6: Family Supports

ID	QUESTION	RESPONSE	EXPLANATION/COMMENTS
4.	<p>When an independent provider is in the home providing services, either during the day or at night, indicate which supports the unpaid family member or caregiver assists the provider with. (Answer "Yes" or "No")</p>		
	Medication administration for consumers who do not self medicate		
	Assisting the in-home providers with transferring		Offers assistance to provider and/or consumer in transfers.
	Assisting the in-home provider with all physical assistance needs		Offers assistance to provider with daily physical care of consumer including dressing, bathing, tooth brushing, eating, and grooming.
	Assisting the in-home provider with behavior management		Offers assistance to provider with daily behavior management including aggressive, self-injurious, disruptive/socially offensive, disturbing, and wandering behavior.
	Assisting the in-home provider with health care support needs		Offers assistance to provider with nursing services (oxygen, G-tube, colostomy/catheter, post surgery), ABA therapy, and seizures.
	Comments		